

SOUTH CAROLINA HEALTH INSURANCE POOL (SCHIP)

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE — COVER PAGE 1 OF 2:

BENEFIT PLANS A and C

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make Plan “A” available. Some plans may not be available in your state.

See Outline of Coverage sections for details about ALL plans

BASIC BENEFITS for Plans A – J:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (20% of Medicare-approved expenses) or copayments for hospital outpatient services.

Blood: first three pints of blood each year.

A	B	C	D	E	F	F	G	H	I	J	J
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible					Part B Deductible	
					Part B Excess (100%)	Part B Excess (80%)			Part B Excess (100%)	Part B Excess (100%)	
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-home Recovery			At-home Recovery		At-home Recovery		At-home Recovery	
				Preventive Care NOT covered by Medicare						Preventive Care NOT covered by Medicare	

The only Medicare supplement policies available through the South Carolina Health Insurance Pool (SCHIP) are Plans A and C.

SOUTH CAROLINA HEALTH INSURANCE POOL (SCHIP)

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE — COVER PAGE 2:

BENEFIT PLANS A and C

Basic Benefits for Plans K and L include similar services as Plans A – J, but cost-sharing for basic benefits is at different levels.

J	K**	L**
Basic Benefits	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits End 50% Hospice cost-sharing 50% of Medicare-eligible expenses for the first three pints of blood 50% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits End 75% Hospice cost-sharing 75% of Medicare-eligible expenses for the first three pints of blood 75% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services
Skilled Nursing Coinsurance	50% Skilled Nursing Coinsurance	75% Skilled Nursing Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible
Part B Deductible		
Part B Excess (100%)		
Foreign Travel Emergency		
At-home Recovery		
Preventive Care NOT covered by Medicare		
	\$4,440 Out-of-pocket Annual Limit***	\$2,220 Out-of-pocket Annual Limit***

****Plans K and L provide for different cost-sharing items and services than Plans A – J. Once you reach the annual limit, the plans pay 100% of the Medicare copayments, coinsurance, and deductible for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called “Excess Charges”. You will be responsible for paying excess charges.**

*****The out-of-pocket annual limit will increase each year for inflation.**

See Outline of Coverage for details and exceptions.

PREMIUM AND RENEWABILITY INFORMATION

Your policy will stay in effect as long as you pay your premium on time. Premium payments are paid monthly.

The South Carolina Health Insurance Pool (SCHIP) can only raise your premium if the premium for all policies like yours in this state is raised. If premiums change, you will be notified at least 31 days before the change.

Plan A

Monthly Premium

\$671.10

Plan C

Monthly Premium

\$850.57

The Administrator has arranged to receive all claims filed to the S.C. Medicare Administrator. (You would need to file all claims from any other state directly to us.)

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

Read Your Policy Carefully

This is only an outline describing your policy's most important features. The policy is part of your insurance contract. You must read the policy itself to understand all the rights and duties of both you and SCHIP.

Right To Return Your Policy

If you find that you are not satisfied with your policy, you may return it to SCHIP, Post Office Box 61173, Columbia, SC 29260. If you send the policy back to us within 30 days after you receive it, SCHIP will treat the policy as if it had never been issued and return all your premium payments minus any claims paid.

Notice

- This policy may not fully cover all of your medical costs.
- The Administrator is not connected with Medicare.
- This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult *Medicare and You* for more details.

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions. The Pool may cancel your policy and refuse to pay any claims if you leave out or falsify important information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

South Carolina Health Insurance Pool (SCHIP)
Medicare (Part A) — Hospital Services — Per Benefit Period

* A Benefit Period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 consecutive days.

SERVICES	MEDICARE PAYS	PLAN A PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,092	\$0	\$1,092 (Part A deductible)
61st through 90th day	All but \$256 a day	\$256 a day	\$0
91st day and after:			
— While using 60 lifetime reserve days	All but \$512 a day	\$512 a day	\$0
Once lifetime reserve days are used:			
— Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**
— Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least three days, and enter a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$128 a day	\$0	Up to \$128 a day
101 st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	Three pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out-patient drugs and in-patient respite care	\$0	Balance

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any differences between its billed charges and the amount Medicare would have paid.

Medicare (Part B) — Medical Services — Per Calendar Year

* Once you have been billed \$135 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN A PAYS	YOU PAY
MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as: physician's services, Inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
— First \$135 of Medicare-approved amounts* (the Part B deductible)	\$0	\$0	\$135 (Part B deductible)
— Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD			
First three pints	\$0	All costs	\$0
Next \$135 of Medicare-approved amounts*	\$0	\$0	\$135 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Blood tests for diagnostic services	100%	\$0	\$0
MEDICARE (PART A & B)			
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
— First \$135 of Medicare-approved amounts*	\$0	\$0	\$135 (Part B deductible)
— Remainder of Medicare-approved amounts	80%	20%	\$0

South Carolina Health Insurance Pool (SCHIP)
Medicare (Part A) — Hospital Services — Per Benefit Period

* A Benefit Period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 consecutive days in a row.

SERVICES	MEDICARE PAYS	PLAN C PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,092	\$1,092 (Part A deductible)	\$0
61st through 90th day	All but \$256 a day	\$256 a day	\$0
91st day and after:			
— While using 60 lifetime reserve days	All but \$512 a day	\$512 a day	\$0
Once lifetime reserve days are used:			
— Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**
— Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least three days, and enter a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$128 a day	Up to \$128 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	Three pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out-patient drugs and in-patient respite care	\$0	Balance

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any differences between its billed charges and the amount Medicare would have paid.

Medicare (Part B) — Medical Services — Per Calendar Year

* Once you have been billed \$135 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN C PAYS	YOU PAY
MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
— First \$135 of Medicare-approved amounts* (the Part B deductible)	\$0	\$135 (Part B deductible)	\$0
— Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD			
First three pints	\$0	All costs	\$0
Next \$135 of Medicare-approved amounts*	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Blood tests for diagnostic services	100%	\$0	\$0
MEDICARE (PART A & B)			
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
— Medically necessary skilled care services and medical supplies	100%	\$0	\$0
— Durable medical equipment:			
First \$135 of Medicare-approved amounts*	\$135 (Part B deductible)	\$0	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
OTHER BENEFITS — Not Covered By Medicare			
FOREIGN TRAVEL — NOT COVERED BY MEDICARE			
Medically necessary emergency care services during the first 60 days of each trip outside the USA:			
— First \$250 each calendar year	\$0	\$0	\$250
— Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

**South Carolina Health Insurance
Pool (SCHIP)**

**Outline of Medicare Supplement
Coverage**

Benefit Plans A and C